

Part I: Client Request for Counseling

1. Client Name (Name of the person completing the form/representative of the business)

(Last, First, MI)

2. Email

3. Telephone Cell Phone 4. Fax

5. Street Address/PO Box (give business address if currently in business)

6. City 7. State 8. Zip

9. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes ☐ No ☐). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 3 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

10. Preferred date & time for appointment

11. Client Signature (type name here to accept terms)

11a. Date

Part II: Client Intake (to be completed by all Clients)

12. Race (mark one or more)

- ☐ Asian ☐ Black or African American
☐ Native American or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ White

13. Ethnicity

- ☐ Hispanic Origin
☐ Not of Hispanic Origin

14. Gender

- ☐ Male ☐ Female
☐ Yes ☐ No

15. Do you consider yourself a person with a disability?

16. Military Status ☐ Non-Veteran ☐ Veteran ☐ Member of Reserve or National Guard ☐ On Active Duty
☐ Service-Disabled Veteran

17. How did you hear of us ?(mark all that apply)

- ☐ SBA ☐ Other Client ☐ Chamber of Commerce ☐ Other (specify)
- ☐ Bank ☐ Magazine ☐ Educational Institution
- ☐ Business Owner ☐ Internet ☐ Local Economic Development Official
- ☐ Television/Radio ☐ Newspaper ☐ Word of Mouth

18. Client Business Status ☐ Currently in Business (over 1 year) ☐ Start-up (in business less than 1 year)

☐ Nascent/considering starting a small business **(skip to 28)**

19. Name of Company

20. Type of Business (choose primary category) ☐ Professional, Scientific & Technical Services

- ☐ Mining ☐ Manufacturing ☐ Real Estate & Rental Leasing ☐ Management of Companies & Enterprises
- ☐ Utilities ☐ Finance & Insurance ☐ Health Care & Social Assistance ☐ Agriculture, Forestry, Fishing & Hunting
- ☐ Information ☐ Wholesale Trade ☐ Accommodation & Food Services ☐ Administrative & Support
- ☐ Construction ☐ Public Administration ☐ Arts, Entertainment & Recreation ☐ Waste Management & Remediation Services
- ☐ Retail Trade ☐ Educational Services ☐ Transportation & Warehousing ☐ Other Services (except Public Administration)

21. Business Ownership - What part of your business is male

or female ownership ? %Male %Female

22. Month & Year Business Started ?

23. Do you conduct business online ?(Yes ☐ No ☐) **24. Is this a home based business ?**(Yes ☐ No ☐)

25. Total No. of Employees (full & part time)

26. For your most recent full business year, what were your:

Gross Revenues/Sales \$

+Profits/-Losses \$

27. What is the legal entity of your business ?

- ☐ Sole Proprietorship ☐ Corporation ☐ LLC
- ☐ S-Corporation ☐ Partnership
- ☐ Other (specify)

28. What is the nature of counseling you are seeking ? (choose primary category)

- | | | |
|--|---|--|
| <input type="checkbox"/> Start-up Assistance (How do I start a small business ?) | <input type="checkbox"/> Human Resources/Managing Employees | <input type="checkbox"/> Technology/Computers |
| <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) | <input type="checkbox"/> Business Plan | <input type="checkbox"/> Customer Relations |
| <input type="checkbox"/> International Trade | <input type="checkbox"/> eCommerce (using the Internet to do business) | <input type="checkbox"/> Government Contracting (including certifications) |
| <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) | <input type="checkbox"/> Business Accounting/Budget |
| <input type="checkbox"/> Franchising | <input type="checkbox"/> Legal Issues (such as, Should I incorporate ?) | <input type="checkbox"/> Managing a Business |
| <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> Cash Flow Management | |

Describe specific assistance requested in the space provided

SBA Form 641 (5/04) Previous Editions are Obsolete

**Please mail to – U.S. Small Business Administration
c/o Warren Haggerty
55 Pleasant St., Suite 3101
Concord, NH 03301**

or fax to - 603-225-1409